PTO/SB/17 (10-08)
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Effective on 12/08/2004.  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  EEE TDANICMITTAI			Complete if Known Application Number 10/743,625-Conf. #9416					
			Application Number		December 22, 2003			
FEE TRANSMITTAL		_	Filing Date First Named Inventor		Arthur M. Krieg			
For FY 2009			Examiner Name		N. M. Minnifield			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1645			
TOTAL AMOUNT OF PAYMENT (\$) 180.00		_	Attorney Docket No.		C1039.70073US00			
METHOD OF PAYMENT (check all that apply)								
x Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified depo		ctor is he						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	Small Entity	SEAR	Small Entity	CVAIMII	NATION FEES Small Entity			
Application Type Fee (\$		ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Paid (\$)	
Utility 330	165	540	270	220	110			
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85			
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) Fee Oscription Fee (\$)								
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claim	s Fee (\$)	Fee F	ee Paid (\$)		Multiple Dependent Claims		<u>i</u>	
21 - 40 or HP	=			E	<u>ee (\$)</u> <u>F</u>	ee Paid (	<u>5)</u>	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims								
Indep. Claims Extra Claim.  1 -6 or HP =	reer	Paid (\$)						
1 6 or HP = × = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
sneets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY	A 1-							
Signature Will cult	laut	Registration No. (Attorney/Agent) 39,248 Telephone 61			617.646	617.646.8000		
Name (Print/Type) Helen C. Lockhart Date April 23, 2010								
- <b>T</b>								

Certificate of Mailing Under 37 CFR 1.8(a)

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APR 2 6 2010 W

PTO/SB/21 (07-09) Approved for use through 07/31/2012. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/743,625-Conf. #9416 Filing Date TRANSMITTAL December 22, 2003 First Named Inventor **FORM** Arthur M. Krieg Art Unit 1645 **Examiner Name** N. M. Minnifield (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission C1039.70073US00 ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please X Other Endisonal Identify below): Extension of Time Request Terminal Disclaimer Form PTO-1449 Express Abandonment Request Request for Refund Copies of References Cited Check in the Amount of \$180.00 x Information Disclosure Statement CD, Number of CD(s) Return Receipt Postcard Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WOLF, GREENFIELD & SACKS, P.C. Signature Printed name Helen C. Lockhart Date Reg. No. 39,248

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